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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000073143

1. Corporation	i Name	· -							
INFINITY	RUG CRAFTERS, INC.								
) (681/1881) (8 / 1881 186/) 186/) 68/) 68/) 68/) 68/	1881 1 9664 (18 9 1 18 6 4) 7	AN isa (di 1 15 1
Principal Place	e of Business	Mailing Address				ĺ			
2001 SEWARD	2001 SEWARD AVENU	E					•		
NAPLES FL 341	09	NAPLES FL 34109				DO NOT WRITE IN TH	HIS SPACE		
							3. Date Incorporated or Qualifed		
						1	08/20/1998		
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number	Apı	plied For
21		26					65-0858756	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					<u>_</u>	\$8.75 A	dditional
22		27				5. Certifcate of Status Desired	Fee Rec	quired	
City & State	e	City & State					6. Election Campaign Financing	\$5.00	May Be
23		28					Trust Fund Contribution	Added to	o Fees
Zíp	Country	Zip	_				8. This corporation owes the current year	Intangible	<u></u>
24	25 29 30					Personal Property Tax.			
	9. Name and Address of Current	Registered Agent		81			10. Name and Address of New Register	ed Agent	
SDANN ANN T					Name				ĺ
FRANK, ANN T					Street	Addres	ss (P.O. Box Number is Not Acceptable)		· · · ·
2124 AIRPORT ROAD SOUTH SUITE 102							<u> </u>		
NAPLES FL 34112									
				84	City			85 Zip C	ode
							F	L	
office or r	enistered agent, or both, in the State of	f Florida. Such change w	as authori.	zed by	the corpo	corpor oration	ation submits this statement for the purpose 's board of directors. I hereby accept the ap	of changing its pointment as req	registered gistered
-	m familiar with, and accept the obligation	ons or, Section 607.0505	, rionua s	tatutes	·.				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Registe	ered Age	nt signature r	equired w	vheπ reinstating) DATE		
12.	OFFICERS AND		1	3.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D DELETE 1		1 TITLE				☐ Change	Addition	
NAME	PIPER, TERRI		2 NAME						
STREET ADDRESS			3 STREE	TADDRESS					
CITY-ST-ZIP	NAPLES FL 34109 1		4 CITY- S	ST-ZIP	<u> </u>				
TITLE	D DELETE 2		2.1 TITLE				☐ Change	☐ Addition	
NAME	MATHEWS, RITA		2.	2 NAME					
STREET ADDRESS	2001 SEWARD AVENUE		2.	3 STREE	T ADDRESS				
CITY-ST-ZIP	NAPLES FL 34109			4 CITY-	ST-ZIP	<u>L</u>			
TITLE		☐ DELET	Ē 3.	1 TITLE				Change	☐ Addition
NAME			3.	2 NAME					ļ
STREET ADDRESS			3.	3 STREE	TADORESS	ļ			
CITY-ST-ZIP			3.4. CITY-ST-ZIP		L		<u>.</u>		
TITLE		☐ DELET	E 4.	1 TITLE				Change	☐ Addition
NAME			4.	2 NAME					
STREET ADDRESS			4.	3 STREE	TADDRESS	}			}
CITY-ST-ZIP			4.	4 CITY-S	ST-ZIP	<u> </u>			
TITLE		☐ DELET	5.	1 TITLE			•	Change	☐ Addition

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

□ DELETE

☐ Change

☐ Addition